

|                             |                         |              |                        |                                  |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/476,468 | FILING DATE<br>12/30/99 | CLASS<br>379 | GROUP ART UNIT<br>2742 | ATTORNEY DOCKET NO.<br>10205.020 |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|

APPLICANT

SAMUEL L. THOMASSON, GILBERT, AZ.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

JTH

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

JTH

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

JTH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/09/00 \*\* SMALL ENTITY \*\*

|   |  |  |                           |                        |                       |                            |
|---|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>AZ | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>12 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and Acknowledged                                   | <u>JTH</u><br>Examiner's Initials  | Initials                                     |                           |                        |                       |                            |

|         |  |
|---------|--|
| ADDRESS | PAUL F WILLE<br>6407 EAST CLINTON STEET<br>SCOTTSDALE AZ 85254 |
|---------|--|

|       |  |
|-------|--|
| TITLE | BAND-BY-BAND FULL DUPLEX COMMUNICATION |
|-------|--|

|                                     |   |   |
|-------------------------------------|---|---|
| FILING FEE<br>RECEIVED<br><br>\$384 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------------|---|---|